



**REVOCATION OF POWER OF
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Application Number	10/033,701
Filing Date	December 27, 2001
First Named Inventor	Dattatri, Kayshav
Art Unit	2171
Examiner Name	Fernandes, Cheryl M.
Attorney Docket Number	072130-0022

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

31824

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Robert C. Miller		
Signature			
Date	11/17/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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